



Fairbanx

Corp.

Telephone: 416-574-4788

Toll Free: 877-386-3255

Facsimile: 416-239-7315

CLIENT APPLICATION

GENERAL

Full Business Name (Applicant) <small>(As shown on the Articles of Incorporation, if incorporated)</small>		<input type="checkbox"/> Federally Incorporated <input type="checkbox"/> Provincially Incorporated <input type="checkbox"/> Not Incorporated	Date Established dd/mm/yy
Trade Name: (If any, please indicate place of registration)		Type of Business	
Business Address:		Telephone:	
City / Province	Postal Code	Fax:	
Email Address:		Business Number:	

BUSINESS CREDIT REFERENCES

Business Name:	Contact Name:	Telephone:
Business Name:	Contact Name:	Telephone:
Business Name:	Contact Name:	Telephone:
Has the company or any of its officers / owners ever declared bankruptcy? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide date of discharge: dd/mm/yy		
Has any of the officer(s) / owner(s) ever had a bond application declined? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details: _____		

SHAREHOLDERS AND OFFICERS

Name:		SIN	
Title	% of Ownership	Date of Birth dd/mm/yy	
Home Address	Own	Rent	Telephone
City / Province	Postal Code		Fax
Name:		SIN	
Title	% of Ownership	Date of Birth dd/mm/yy	
Home Address	Own	Rent	Telephone
City / Province	Postal Code		Fax
Name:		SIN	
Title	% of Ownership	Date of Birth dd/mm/yy	
Home Address	Own	Rent	Telephone
City / Province	Postal Code		Fax

BANK AND SECURITY INFORMATION

Bank		Account No.
Address		
City / Province	Postal Code	Line of Credit
Telephone	Fax	Contact name
Check all items for which your bank has a security interest: <input type="checkbox"/> Accounts receivable <input type="checkbox"/> Equipment <input type="checkbox"/> Inventory <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other: _____		

OTHER SECURED CREDITORS

If any other entity has a security interest in any of the assets of the business, please complete the following

Name of creditor:	Telephone:	Fax number:
Name of creditor:	Telephone:	Fax number:

SALES DATA

Present amount of A/R. \$ _____	Terms of sale _____	Average monthly sales \$ _____	Number of customers _____
Are receivables pledged as collateral Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, to whom are they pledged? _____	Have you factored before? Yes <input type="checkbox"/> No <input type="checkbox"/>	

TAXES AND DUES

ARREARS

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<u>Income Taxes</u>		<u>Payroll Deductions</u>	
<input type="checkbox"/> Nil \$ _____	<input type="checkbox"/> Nil \$ _____	<input type="checkbox"/> Nil \$ _____	<input type="checkbox"/> Nil \$ _____
<u>GST</u>		<u>Workers Compensation</u>	
<input type="checkbox"/> Nil \$ _____	<input type="checkbox"/> Nil \$ _____	<input type="checkbox"/> Nil \$ _____	<input type="checkbox"/> Nil \$ _____
<u>PST</u>		<u>Other</u>	
<input type="checkbox"/> Nil \$ _____	<input type="checkbox"/> Nil \$ _____	<input type="checkbox"/> Nil \$ _____	<input type="checkbox"/> Nil \$ _____

OTHER INFORMATION

Management contact	Title	Signing authority Yes <input type="checkbox"/> No <input type="checkbox"/>
Accountant	Firm	Telephone
Attorney	Firm	Telephone

In order for your application to be processed in a timely manner, please submit the following documents with this application:

- 1 - Articles of Incorporation and Trade Name registration form(if applicable)
- 2 - Current Accounts Receivable Aging Report
- 3 - Photo copy of driver's license(s) for company's principal(s)
- 4- Current year's Financial Statements (if applicable)

*I (We) hereby certify that information provided in this application is true, accurate and complete. Permission is hereby granted for a confidential credit investigation. A copy of this application shall be good and sufficient authority for anyone having confidential or other information about the Applicant and/or its officer(s) or owner(s) named herein to disclose such information to Fairbanx Corp. upon request. If representations are subsequently found to be incorrect or incomplete, Fairbanx Corp. reserves the right to reject this application and cancel any contract that might have been negotiated and shall not be obliged to fulfill any agreement with the Applicant, verbal or written. A copy of our privacy policy is available upon request. **All owner(s)/officer(s) listed above must sign below***

Date	Name (please print)	Signature
Date	Name (please print)	Signature
Date	Name (please print)	Signature



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Cash Flow Solutions for Growing Businesses